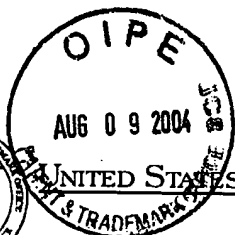


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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/827,225	04/20/2004	Scott C. Bender	

Scott Bender, DVM
 P.O. Box 2204
 Chinle, AZ 86503

CONFIRMATION NO. 2914

FORMALITIES LETTER



OC000000013100630

Date Mailed: 06/29/2004

NOTICE TO FILE CORRECTED APPLICATION PAPERS

Filing Date Granted

An application number and filing date have been accorded to this application. The application is informal since it does not comply with the regulations for the reason(s) indicated below. Applicant is given TWO MONTHS from the date of this Notice within which to correct the informalities indicated below. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

The required item(s) identified below must be timely submitted to avoid abandonment:

- A substitute specification in compliance with 37 CFR 1.52, 1.121(b)(3), and 1.125, is required. The specification, claims, or abstract page(s) submitted is not acceptable and cannot be scanned or properly stored because:
 - The line spacing on the specification, claims, or abstract is not 1½ or double spaced (see 37 CFR 1.52(b)).

The applicant needs to satisfy supplemental fees problems indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

- Additional claim fees of \$215 as a small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is **\$215** for a Small Entity

- Total additional claim fee(s) for this application is **\$215**
 - **\$215** for 5 independent claims over 3.

Replies should be mailed to: Mail Stop Missing Parts
 Commissioner for Patents

08/10/2004 WAFW1 00000016 10827225 215.00 OP
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*A copy of this notice **MUST** be returned with the reply.*

Kulenebet Weber

Customer Service Center

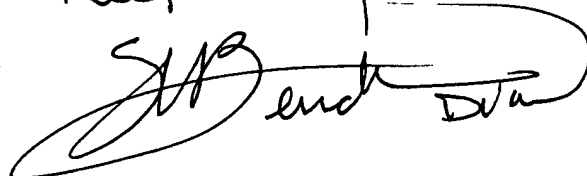
Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

I have run both Sections thru correction
resting to 1 1/2 spacing with a #10 font. (Including your
"PSADA" download format)
I have also Included a check #3516
in the amount of \$215.00 as requested.

Should there be any problems, please contact
me ASAP so that I may Resolve the
problem in question.

Thank You,
Respectfully Submitted

 end Dva